MDC PARTNERS INC

Form 4 May 03, 2006

FORM 4

OMB APPROVAL

Estimated average

Expires:

5 Relationship of Reporting Person(s) to

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB Number:

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

Form 4 or Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction

burden hours per response... 0.5

3235-0287

January 31,

2005

1(b).

(Print or Type Responses)

1 Name and Address of Reporting Person *

KAMERSCHEN ROBERT			Symbol	Issuer		
			MDC PARTNERS INC [MDCA]	(Check all applicable)		
(Last)	(First)	(Middle)	3. Date of Earliest Transaction	•		
			(Month/Day/Year)	X Director 10% Owner		
C/O MDC P THIRD AV		INC., 950	04/28/2006	Officer (give title below) Other (specify below)		
(Street)			4. If Amendment, Date Original	6. Individual or Joint/Group Filing(Check		
			Filed(Month/Day/Year)	Applicable Line) _X_ Form filed by One Reporting Person		
NEW VODI	Z NIV 1000)		Form filed by More than One Reporting		

NEW YORK NY 10022

(City)	(State) (Zij	Table I	- Non-Der	ivative Securities Acqu	uired, Disposed of	f, or Beneficial	y Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities onAcquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or Amount (D) Price	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Class A Subordinate Voting Shares					49,466	D	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. Number of or Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amour or Number of Shar
Warrants to Purchase Shares (2)	\$ 15.72 (<u>3)</u>					07/13/2004	03/12/2009	Class A Subordinate Voting Shares	6,30
Stock Options	\$ 8.95	04/28/2006		A	25,000	04/28/2007	04/28/2016	Class A Subordinate Voting Shares	25,00

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

KAMERSCHEN ROBERT C/O MDC PARTNERS INC. 950 THIRD AVE NEW YORK NY 10022



Signatures

/s/ Robert

Kamerschen 05/03/2006

**Signature of Person

**Bignature of Date
Reporting Person

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 4(b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) Includes 4,000 shares of Restricted Stock which will vest on March 6, 2009, subject to potential accelerated vesting in specified circumstances.
- (2) The Warrants are convertible into Shares on a one for one basis.
- (3) Canadian dollars.

The Stock Options granted on April 28, 2006 vest over five (5) years from the Grant Date: 20% (5,000 options) on the first anniversary of (4) the Grant Date and an additional 20% on each of the next four (4) succeeding anniversaries of the Grant Date, and expiring ten (10) years from the Grant Date.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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